

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 028 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000106770**

Corporation Name

ORTHO IMPLANTS, INC.

611626 - 90009 - 28



Principal Place of Business

Mailing Address

~~N.W. 45TH AVENUE~~
~~DEERFIELD BEACH FL 33442~~

~~223 N.W. 45TH AVENUE~~
~~DEERFIELD BEACH FL 33442~~

10 DAVID E. BUCK
2900 E OAKLAND PARK BLVD #103
FORT LAUDERDALE, FL 33306

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPTULA, THOMAS J

c/o David E. Buck
2900 E Oakland Park Blvd #103
Fort Lauderdale FL 33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D.P.V.T./S
DEPTULA, THOMAS J *c/o David E. Buck*
~~223 N.W. 45TH AVENUE~~ *2900 E Oakland Park Blvd #103*
~~DEERFIELD BEACH FL 33442~~ *Fort Lauderdale FL 33306*

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

8/26/99 (954) 511-3307

CR2E034 (5/99)

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Ortho Implants, Inc.
c/o David E. Buck
2900 East Oakland Park Boulevard, # 103
Fort Lauderdale, FL 33306
(954) 561-3303

August 28, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ortho Implants, Inc. (P98000106770) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75. Please note the address change on the form.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Thank you.

Very Truly Yours,

Thomas J. Deptula, President